

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

HCA INC. GOOD GOVERNMENT FUND

ADDRESS (number and street)

PO BOX 550

ONE PARK PLAZA

☐ Check if different than previously reported. (ACC)

NASHVILLE

TN

37203

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00067231

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
12 01 2013

through

M M M / D D D / Y Y Y Y Y Y
12 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Anderson

Signature of Treasurer

David Anderson

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 27 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2013

To:

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																		
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="6">2013</td></tr></table>	Y	Y	Y	Y	Y	Y	2013							<table><tr><td colspan="6">281662.61</td></tr></table>	281662.61					
Y	Y	Y	Y	Y	Y															
2013																				
281662.61																				
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="6">385820.03</td></tr></table>	385820.03																		
385820.03																				
(c) Total Receipts (from Line 19)	<table><tr><td colspan="6">42812.38</td></tr></table>	42812.38						<table><tr><td colspan="6">318306.91</td></tr></table>	318306.91											
42812.38																				
318306.91																				
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="6">428632.41</td></tr></table>	428632.41						<table><tr><td colspan="6">599969.52</td></tr></table>	599969.52											
428632.41																				
599969.52																				
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="6">6292.33</td></tr></table>	6292.33						<table><tr><td colspan="6">177629.44</td></tr></table>	177629.44											
6292.33																				
177629.44																				
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="6">422340.08</td></tr></table>	422340.08						<table><tr><td colspan="6">422340.08</td></tr></table>	422340.08											
422340.08																				
422340.08																				
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2013			

To:

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2013			

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

28050.00

201555.20

(ii) Unitemized

14756.67

111668.96

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

42806.67

313224.16

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

42806.67

313224.16

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

5000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

5.71

82.75

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

42812.38

318306.91

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

42812.38

318306.91

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	292.33	17529.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	292.33	17529.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	160500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	-400.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6292.33	177629.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6292.33	177629.44

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	42806.67	313224.16
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42806.67	313224.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	292.33	17529.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	292.33	17529.44

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 26
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Mark Adams

Mailing Address 381 W 3950 N

City Pleasant View State UT Zip Code 84414

FEC ID number of contributing federal political committee.

C

Name of Employer

Ogden Regional Med Ctr

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 09 / 2013

Transaction ID : SA11AI.29544

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Erol Akdamar

Mailing Address 6565 N MacArthur Blvd
Ste 350

City Irving State TX Zip Code 75039

FEC ID number of contributing federal political committee.

C

Name of Employer

HCA N TX DIV

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 09 / 2013

Transaction ID : SA11AI.29715

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Debra Anglemyer

Mailing Address 412 E Chestnut St.

City Odessa State MO Zip Code 64076

FEC ID number of contributing federal political committee.

C

Name of Employer

Plantation General

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 09 / 2013

Transaction ID : SA11AI.29652

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Julie Barnes

Mailing Address 501 Redmond Road

City State Zip Code
 Rome GA 30165

FEC ID number of contributing federal political committee.

C

Name of Employer

Redmond Regional

Occupation

CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.29559

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Lynn Barrett

Mailing Address 19600 E 39th St

City State Zip Code
 Independence MO 64057

FEC ID number of contributing federal political committee.

C

Name of Employer

Centerpoint Med Ctr

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.29639

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Allen Bartels

Mailing Address 2015 Breckendridge Drive

City State Zip Code
 Mt. Juliet TN 37122

FEC ID number of contributing federal political committee.

C

Name of Employer

Centennial Medical Ctr

Occupation

COO Parthenon Pavilion

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.29630

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 26
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Damond Boatwright

Mailing Address 10500 Quivira

City State Zip Code
 Overland Park KS 66215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Overland Park Reg Med Ctr

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.29678

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Amber Boes

Mailing Address 6217 N Mercier St

City State Zip Code
 Kansas City MO 64118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lee's Summit Med Ctr

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.29684

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James Bower

Mailing Address 5400 W 101 Terr

City State Zip Code
 Overland Park KS 66207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Research Med Ctr

Occupation

CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.29703

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. James Brown

Mailing Address 5200 Mansfield Ln

City
ShawneeState
KSZip Code
66203FEC ID number of contributing
federal political committee.

C

Name of Employer
Centerpoint Med CtrOccupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SA11AI.29641

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. James BurrellMailing Address 6565 N MacArthur Blvd
Ste 350City
IrvingState
TXZip Code
75039FEC ID number of contributing
federal political committee.

C

Name of Employer
HCA N TX DivOccupation
CMIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SA11AI.29716

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Phillip Buttell

Mailing Address 3204 W 81 Terr

City
LeawoodState
KSZip Code
66206FEC ID number of contributing
federal political committee.

C

Name of Employer
Centerpoint Med CtrOccupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SA11AI.29638

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 26
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Todd Caliva

Mailing Address 15422 Pinenut Bay Court

City State Zip Code
Houston TX 77059

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Houston Med Ctr

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SA11AI.29604

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dean Carucci

Mailing Address 10500 Quivira Rd

City State Zip Code
Overland Park KS 66215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Overland Park Regional

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SA11AI.29676

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Chad Christianson

Mailing Address 3310 Big Sky Pass

City State Zip Code
Missouri City TX 77459

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Houston Med Ctr

Occupation

Associate Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SA11AI.29609

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Robert Jacob Cintron

Mailing Address 6308 Franklin Vista

City State Zip Code
 El Paso TX 79912

FEC ID number of contributing
federal political committee.

C

Name of Employer

Del Sol Medical

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.29547

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Shari Collier

Mailing Address 10500 Quivira Rd

City State Zip Code
 Overland Park KS 66215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Overland Park Reg. Med. Center

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.29682

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Toni Cotton

Mailing Address 3238 Golden Eye

City State Zip Code
 Katy TX 77493

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kingwood Med Ctr

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.29619

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 26
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Jackie DeSouza

Mailing Address 302 NW Rockhill Cir

City State Zip Code
 Lee's Summit MO 64081

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Lee's Summit Med Ctr CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 09 2013

Transaction ID : SA11AI.29683

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Michael Ehrat

Mailing Address 2108 Enchanted Lake Dr

City State Zip Code
 League City TX 77573

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Mainland Med Ctr CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 09 2013

Transaction ID : SA11AI.29707

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Joann Ettien

Mailing Address 1216 Beddington Park

City State Zip Code
 Nashville TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Centennial Med Ctr COO W & C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 09 2013

Transaction ID : SA11AI.29627

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Gregg Garrison

Mailing Address 17314 Lonesome Dove

City State Zip Code
Houston TX 77095

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Houston Med Ctr

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SA11AI.29616

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Charles Henry Girard

Mailing Address 300 Bowie Street #1704

City State Zip Code
Austin TX 78703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Las Palmas Del Sol

Occupation

Director Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SA11AI.29549

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Steve Gordon

Mailing Address 137 NW Harris Lake Drive

City State Zip Code
Lake City FL 32055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake City Medical Center

Occupation

Director of HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SA11AI.29761

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Randy Gross

Mailing Address 3191 NW 82nd Ave

City State Zip Code
 Cooper City FL 33024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Plantation General Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

12 / 09 / 2013

Transaction ID : SA11AI.29651

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Kevin Hicks

Mailing Address 10115 Howe Drive

City State Zip Code
 Leawood KS 66206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Research Medical Center

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 09 / 2013

Transaction ID : SA11AI.29700

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Caryn Iverson

Mailing Address 10449 Aphonía

City State Zip Code
 El Paso TX 79924

FEC ID number of contributing
federal political committee.

C

Name of Employer

Las Palmas Med Ctr

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 09 / 2013

Transaction ID : SA11AI.29551

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Stephen (CLRMC) K Jones Jr.

Mailing Address 1935 Fredrick Ln

City

State

Zip Code

League City

TX

77573

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Clearlake Regional Medical Ctr

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 09 / 2013

Transaction ID : SA11AI.29764

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Heath King

Mailing Address 3901 NE Beechwood Drive

City

State

Zip Code

Lee's Summit

MO

64064

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Lee's Summit Med Ctr

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 09 / 2013

Transaction ID : SA11AI.29690

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Charles Laird

Mailing Address 3030 Post Oak Blvd #407

City

State

Zip Code

Houston

TX

77056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

West Houston Med Ctr

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 09 / 2013

Transaction ID : SA11AI.29760

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Bryan Lee

Mailing Address 22999 US Hwy 59 N

City
Kingwood

State
TX

Zip Code
77345

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kingwood Medical Center

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SA11AI.29753

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Trent Lind

Mailing Address 1004 Pauline Ave

City

Bellaire

State

TX

Zip Code

77401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Orthopedic

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SA11AI.29535

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Kristen Lindenboom-Watabe

Mailing Address 511 SE 5th Ave 2021

City

Ft. Lauderdale

State

FL

Zip Code

33301

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hosp

Occupation

AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SA11AI.29653

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Charles Lockhart

Mailing Address 500 Medical Center Blvd

City State Zip Code
 Webster TX 77598

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clear Lake Reg Med Ctr

Occupation

Asst Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.29754

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B. Michael Martin

Mailing Address 6565 N MacArthur Blvd, Ste 350

City State Zip Code
 Irving TX 75039

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCA N TX DIV

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.29723

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Nancy Melcher

Mailing Address 10500 Quivira Rd

City State Zip Code
 Overland Park KS 66215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Overland Park Regional

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.29680

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Kenneth Metteauer

Mailing Address 4271 Wellesley Dr

City State Zip Code
 Oolteway TN 37363

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parkridge East Hospital

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.29574

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

B. James (RMCA) Miller

Mailing Address 2810 Ambassador Caffery Pkwy

City State Zip Code
 Lafayette LA 70526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regional Med Ctr Acadiana

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.29697

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Patti Moser

Mailing Address 3824 Leona Pass

City State Zip Code
 Hermitage TN 37076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Centennial Medical Ctr

Occupation

COO SCCC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.29635

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Mark Nichols

Mailing Address 2400 Lee Highway

City State Zip Code
Pulaski VA 24301

FEC ID number of contributing
federal political committee.

C

Name of Employer
LewisGale Hospital Pulaski

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SA11AI.29696

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. John Quinlivan

Mailing Address 19 Horseleg Creed Rd SW

City State Zip Code
Rome GA 30165

FEC ID number of contributing
federal political committee.

C

Name of Employer
Redmond Regional

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SA11AI.29553

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Scott Robins

Mailing Address 3827 Hawthorne Ave

City State Zip Code
Dallas TX 75219

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCA N TX DIV

Occupation
CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SA11AI.29733

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1625.00

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Heather Rohan

Mailing Address 2300 Patterson Street

City

Nashville

State

TN

Zip Code

37203

FEC ID number of contributing
federal political committee.

C

Name of Employer

TriStar Centennial Med Ctr

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SA11AI.29622

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Troy Sarver

Mailing Address 8006 Laguna Springs Ct

City

Houston

State

TX

Zip Code

77095

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Orthopedic Hosp

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SA11AI.29536

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Susan Shreeve

Mailing Address 4806 W 144th Terr

City

Leawood

State

KS

Zip Code

66224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Research Medical Center

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SA11AI.29701

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Micki Slingerland

Mailing Address 1121 Tyne Blvd

City
Nashville

State
TN

Zip Code
37220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centennial Medical Center

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SA11AI.29626

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Matt Sogard

Mailing Address 13845 Meadow Circle

City
Leawood

State
KS

Zip Code
66224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Research Med Ctr

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SA11AI.29702

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Cindy Stout

Mailing Address 1435 Hawthorne St

City
El Paso

State
TX

Zip Code
79902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Del Sol Medical

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SA11AI.29552

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. David Summers

Mailing Address 106 Tatttnall Court

City State Zip Code
 Gallatin TN 37066

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Centennial Medical Center

Occupation
 CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.29632

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Keith Tintle

Mailing Address 54 Cascaoe Ave

City State Zip Code
 Alpine UT 84004

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Timpanogos Regional Med. Ctr.

Occupation
 Hosp. Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.29691

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. David Williams

Mailing Address 121 NW Nutall Dr

City State Zip Code
 Lees Summit MO 64081

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Centerpoint Medical Center

Occupation
 CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.29637

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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1300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Mary Winters

Mailing Address 8807 Village Terr

City

Houston

State

TX

Zip Code

77040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clear Lake Reg Med Ctr

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SA11AI.29735

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

28050.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

HCA INC. GOOD GOVERNMENT FUND

A. Suntrust Bank

Date of Disbursement

Three 16x16 LED displays are shown, each with a black frame. The first display shows '12' with 'M' and 'M' above it. The second display shows '19' with 'D' and 'D' above it. The third display shows '2013' with 'Y', 'Y', 'Y', and 'Y' above it. They are separated by slashes.

Transaction ID : SB21B.29788

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

292.33

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

292.33

TOTAL This Period (last page this line number only).....

292.33

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. COOPER FOR CONGRESSMailing Address C/O DGLF CPAS & BUSINESS ADVISORS
P.O. BOX 198087

City NASHVILLE State TN Zip Code 37219

Purpose of Disbursement
fund raiser

Candidate Name

JAMES H.S. COOPEROffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2013

Transaction ID : SB23.29781

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JASON CHAFFETZ

Mailing Address 315 Westfield Circle

City Alpine State UT Zip Code 84004

Purpose of Disbursement
fund raiser

Candidate Name

JASON CHAFFETZOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : SB23.29785

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LOFGREN FOR CONGRESSMailing Address C/O CONTRIBUTION SOLUTIONS, LLC
123 E. SAN CARLOS ST., #531

City SAN JOSE State CA Zip Code 95112

Purpose of Disbursement
check voided - event cancelled

Candidate Name

ZOE LOFGRENOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2013

Transaction ID : SB23.29780

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. ROSKAM FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2013

Mailing Address P. O. BOX 713

City	State	Zip Code
WHEATON	IL	60187

Purpose of Disbursement
fund raiser

Candidate Name

PETER ROSKAM

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 06

Transaction ID : SB23.29784

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. SCALISE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2013

Mailing Address PO Box 23219
Suite 301

City	State	Zip Code
Jefferson	LA	70183

Purpose of Disbursement
fund raiser

Candidate Name

STEVE MR. SCALISE

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: LA District: 01

Transaction ID : SB23.29786

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

6000.00
